

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/583,209</td> </tr> <tr> <td>Filing Date</td> <td>October 18, 2007</td> </tr> <tr> <td>First Named Inventor</td> <td>Christopher Pearce</td> </tr> <tr> <td>Title</td> <td>DEFIBRILLATOR/MONITOR SYSTEM HAVING A PDD W</td> </tr> <tr> <td>Art Unit</td> <td>3762</td> </tr> <tr> <td>Examiner Name</td> <td>Joseph M. Dietrich</td> </tr> <tr> <td>Attorney Docket Number</td> <td>1074-024US04/PB0010031.09</td> </tr> </table>	Application Number	10/583,209	Filing Date	October 18, 2007	First Named Inventor	Christopher Pearce	Title	DEFIBRILLATOR/MONITOR SYSTEM HAVING A PDD W	Art Unit	3762	Examiner Name	Joseph M. Dietrich	Attorney Docket Number	1074-024US04/PB0010031.09
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Examiner Name	Joseph M. Dietrich														
Attorney Docket Number	1074-024US04/PB0010031.09														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Zip

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Telephone

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record

Signature

Name

Title and Company

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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